THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

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NACHC Quality Center

Cheryl Modica
Director,
Transformation and Innovation

Cassie Lindholm
Deputy Director,
Quality Center

Holly Nicholson
Deputy Director, Learning
and Development

Tristan Wind
Manager,
Quality Center

Agenda

Welcome

Elevate Journey

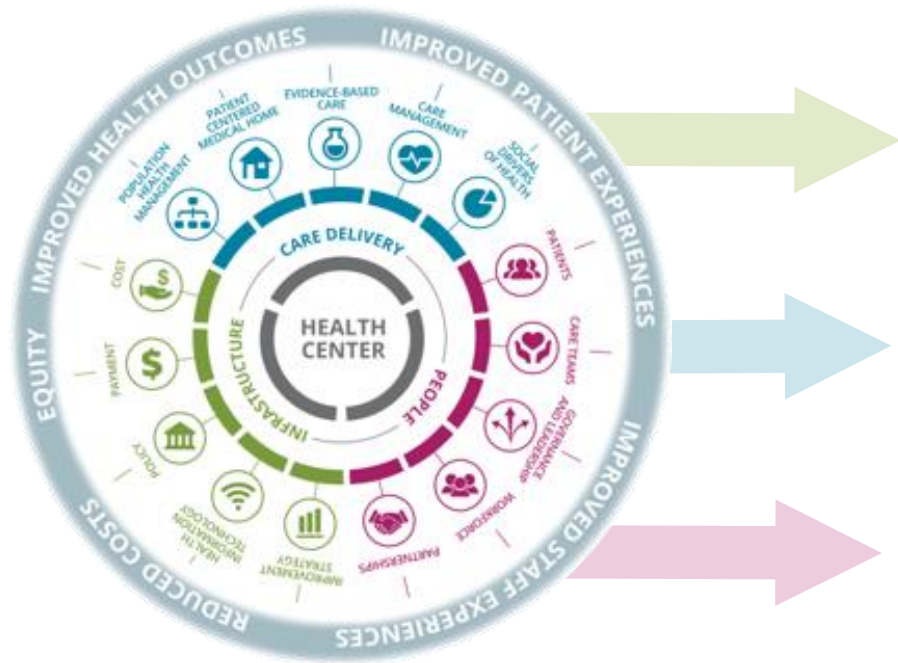**Improvement Strategy & Leadership**

WHAT, WHY, HOW

Maintaining a QI Culture: Charles B. Wang Community Health Center
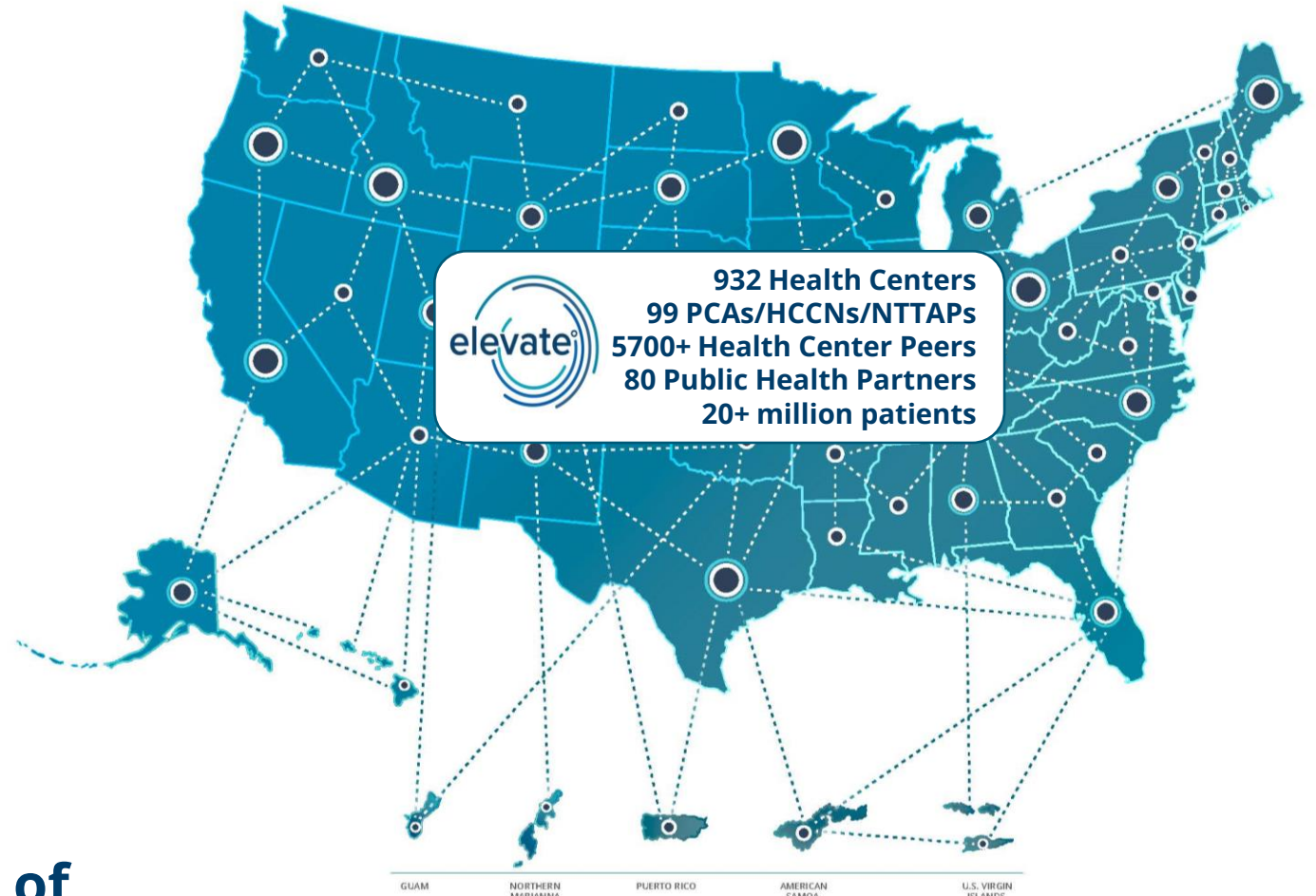
QI/QA Plan Essentials: RegLantern

Discussion and Q&A

Closing

Welcome!

932 Health Centers
99 PCAs/HCCNs/NTTAPs
5700+ Health Center Peers
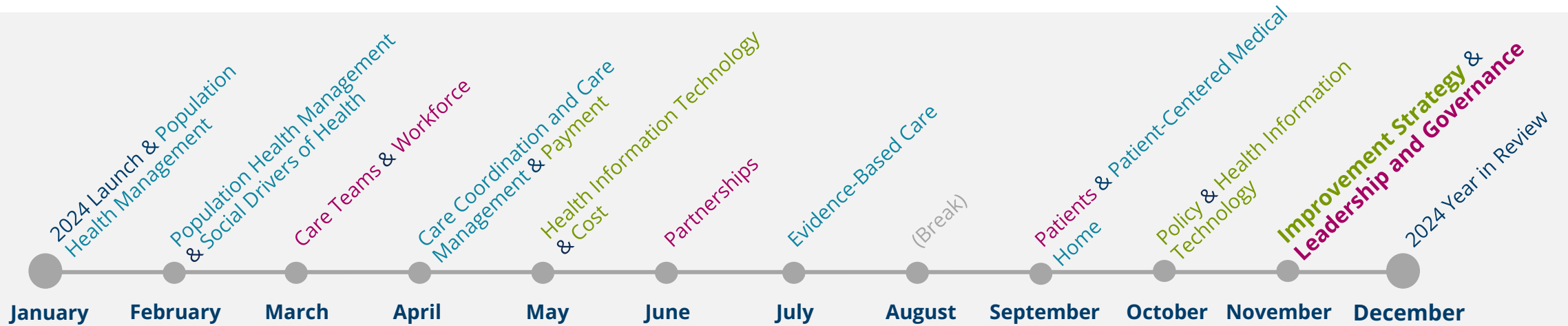**80 Public Health Partners**
20+ million patients

Elevate **provides guided application of the Value Transformation Framework**

National learning forum and peer exchange

Collaborate * Learn * Share * Create * Innovate

Data as of 11/11/2024

Elevate 2024

Monthly Learning Forums:

Timeline:

- **January** — 2024 Launch & Population Health Management
- **February** — Population Health Management & Social Drivers of Health
- **March** — Care Teams & Workforce
- **April** — Care Coordination and Care Management & Payment
- **May** — Health Information Technology & Cost
- **June** — Partnerships
- **July** — Evidence-Based Care
- **August** — (Break)
- **September** — Patients & Patient-Centered Medical Home
- **October** — Policy & Health Information Technology
- **November** — Improvement Strategy & Leadership and Governance
- **December** — 2024 Year in Review

*Schedule may be adjusted by the Quality Center as needed.

VTF Assessment: Leadership & Governance

VTF Change Area: Governance & Leadership

Apply the position, authority, and knowledge of governing bodies (boards) and leaders to support and advance the center's transformation goals.

	1 – Learning	2 – Basic	3 – Applied	4 – Skilled	5 – Expert
Knowledge on Value-Based Care Goals				*Health center Board and leadership align the center's mission, vision, and strategy with value-based care objectives and goals (e.g., the Quintuple Aim).*	
Systems Approach to Change				*Health center has processes for staff to suggest changes in the organization, including strategies to reach the Quintuple Aim. Staff and board receive regular updates on systems-transformation.*	

VTF Assessment: Improvement Strategy

VTF Change Area: Improvement Strategy

Define vision, goals, and action steps that drive transformation and improved performance.

	1 – Learning	2 – Basic	3 – Applied	4 – Skilled	5 – Expert
Improvement Scope				*Health center maintains formal quality planning structures and processes, employs a formal QI model...*	
Improvement Focus				*QI efforts expand beyond quality, utilization, patient, and operational measures to include financial measures as part of assessing care model effectiveness.*	
Data Driven Decision Making & Performance				*Health center has processes in place to use internal health center data (e.g., UDS) and external data (e.g., community needs assessments, payor data, etc.) to drive decision making...*	
Staff Involvement				*Health center trains and engages clinical and non-clinical staff (e.g., administrative, and operational staff) in QI efforts. Staff have protected time for QI and transformation projects.*	

Improvement Strategy

WHAT is a Health Center Improvement Strategy?

An improvement strategy guides the advancement of healthcare quality.

Quality of care is the extent to which health services for individuals and populations result in positive health outcomes. The dimensions include:

- **Effective**
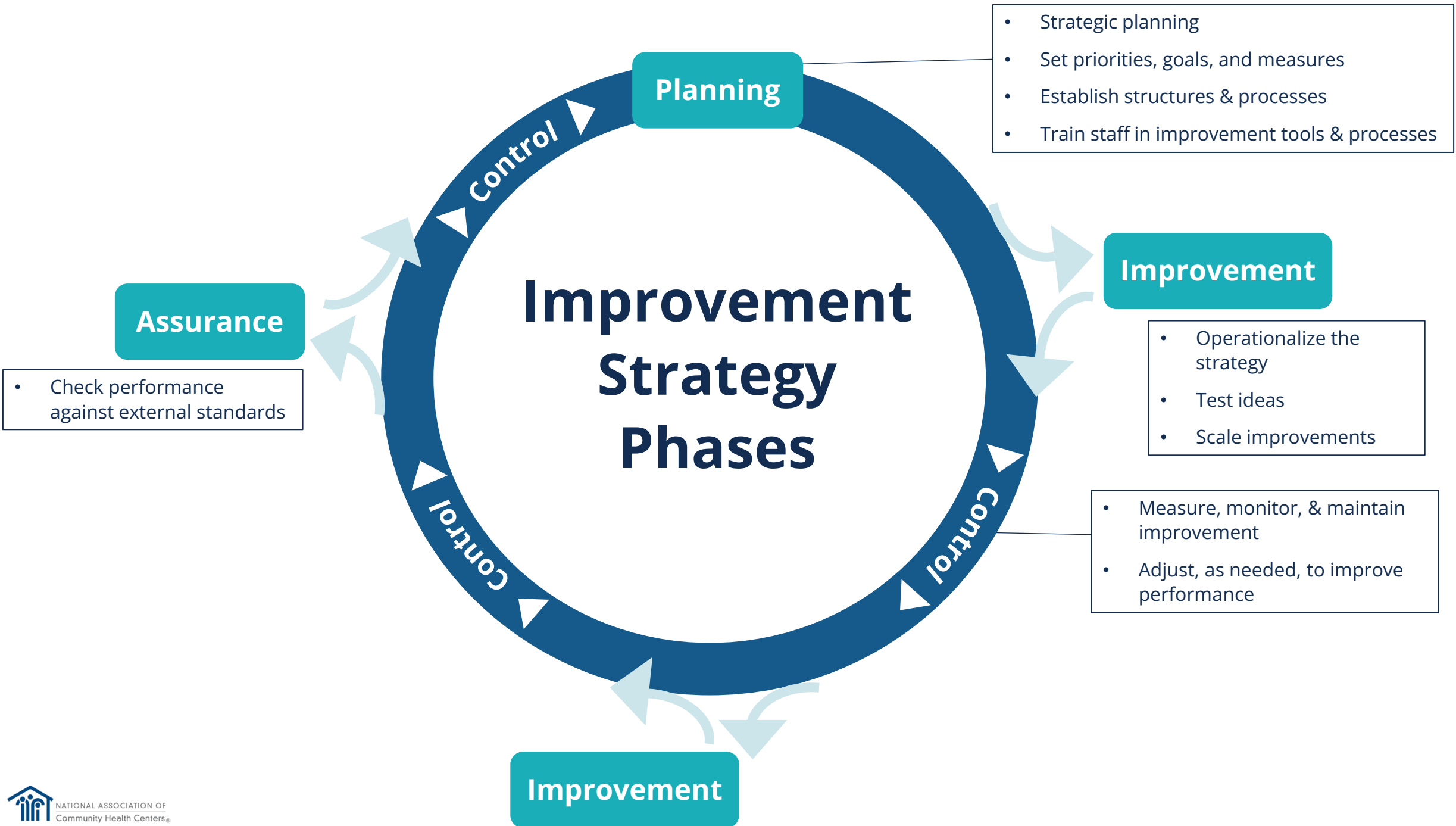- **People-centered**
- **Equitable**
- **Integrated**
- **Safe**
- **Timely**
- **Efficient**

WHAT is a Health Center Improvement Strategy?

Improvement Strategy Phases:

	Planning	**Improvement**	**Control**	**Assurance**
Focus	• Strategic planning • Set priorities, goals, and measures • Establish structures & processes • Train staff in improvement tools and processes	• Operationalize the strategy • Test ideas • Scale improvements	• Measure, monitor, and maintain improvement • Adjust, as needed, to improve performance	• Check performance against external standards
Timeframe	• Regular, recurring (e.g., annually)	• Over time • Often small, rapid bursts	• Daily work	• Scheduled; often driven by external entities
Tools	• S.M.A.R.T. Goals • Leadership endorsement • Job descriptions/roles • Measures • Improvement model selection	• Improvement Model (PDSA, Lean, Six Sigma, etc.) • Tools (flow charts, pareto charts, A3, etc.) • Project Charters	• Visual management to display and track measures • Team huddles • Escalation processes	• Audit, inspection, gap analysis

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Improvement Strategy Phases

Planning
- Strategic planning
- Set priorities, goals, and measures
- Establish structures & processes
- Train staff in improvement tools & processes

Improvement
- Operationalize the strategy
- Test ideas
- Scale improvements

Control
- Measure, monitor, & maintain improvement
- Adjust, as needed, to improve performance

Assurance
- Check performance against external standards

Control

Control

Control

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WHY is an Improvement Strategy Necessary to Health Centers?

In an era of value-based care, an improvement strategy supports health centers to:

- ✓ Function as "learning organizations" engaged in continuous quality improvement and applying evidence-based interventions and best practices

- ✓ Implement organization-wide, system-level changes that are impactful, measurable and transformative

- ✓ Drive improvements toward the Quintuple Aim goals

IMPROVED HEALTH OUTCOMES

IMPROVED PATIENT EXPERIENCES

EQUITY

IMPROVED STAFF EXPERIENCES

REDUCED COSTS

NATIONAL ASSOCIATION OF Community Health Centers F S®
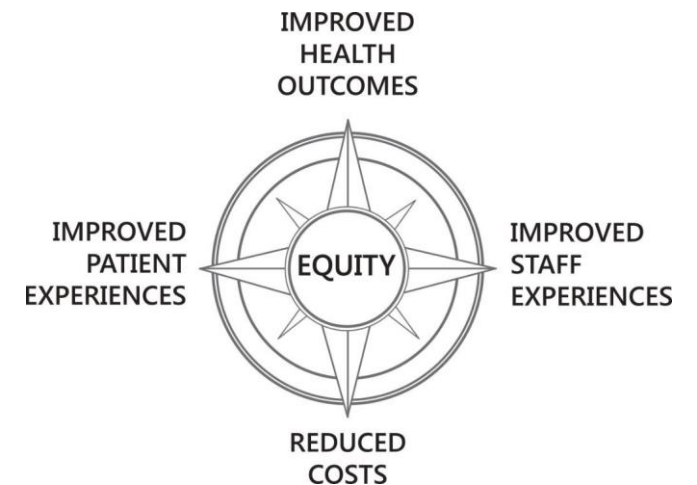
HOW can Health Centers Implement an Improvement Strategy?

Planning
Step 1: Leadership sets expectations for quality and a culture of learning
Step 2: Write or review QI/QA Plan document
Step 3: Select an improvement model
Step 4: Train staff in improvement tools and processes
Step 5: Determine organizational quality improvement priorities

Improvement
Step 6: Test a manageable number of initiatives
Step 7: Communicate improvement ideas/activities

Control
Step 8: Measure, Monitor, Adjust

Assurance
Step 9: Check performance against external standards

Organizational transformation requires that leaders:

✓ Invest in and train health center staff

✓ Provide staff with protected time to work toward quality improvement goals

✓ Invest in the tools and infrastructure needed to support quality activities:

- Health information technology that can streamline the process of measuring and monitoring care delivery

- Deploying staff in new and expanded roles

The health center Board of Directors must also be engaged to determine improvement priorities within the QI/QA Plan.

The Board has the ultimate responsibility to evaluate performance and ensure appropriate follow-up actions are taken.

Tools & Resources: NACHC Leadership Action Guide

WRITE OR REVIEW QI/QA PLAN DOCUMENT

Quality Planning

Comply with HRSA Health Center Program requirements by addressing:

- ✓ Clinical guidelines, standards of care, and standards of practice

- ✓ Patient safety and adverse events, including implementation of follow-up actions

- ✓ Patient satisfaction

- ✓ Patient grievances

- ✓ Periodic QI/QA assessments

- ✓ QI/QA report generation and oversight

- ✓ Clinical competence of providers ("credentialing and privileging")

- ✓ Assessments of clinician care ("peer review")

Tools & Resources:
- HRSA Health Center Program Site Visit Protocol
- Template QI/QA Plan

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The VTF can serve as the foundation for a health center's improvement strategy.

Selecting an additional improvement model is recommended for health centers to define the steps they will take in quality improvement activities. Models include:

- Model for Improvement (PDSA)
- Lean methodology
- Six Sigma tools
- Define-Measure-Analyze-Improve-Control (DMAIC)
- Others

Train staff throughout the organization on the use of improvement tools and processes.

QI tools include:

Cause and Effect Diagram: Also known as the Ishikawa or fishbone diagram, this tool helps you analyze the root causes contributing to an outcome.

Failure Modes and Effects Analysis (FMEA): Also used in Lean management and Six Sigma. FMEA is a systematic, proactive method for identifying potential risks and their impact.

Run Charts: These charts help you monitor performance over time.

Plan-Do-Study-Act (PDSA): A process of rapid-cycle testing that helps teams assess whether a change leads to improvement using a methodical learning process.

Tools & Resources: IHI Quality Improvement Essentials Toolkit

STEP 5

DETERMINE ORGANIZATIONAL QUALITY IMPROVEMENT PRIORTIES

Quality Planning

Determine health center strategic priorities using data.

Build systems alignment to meet PCMH program standards by monitoring:

- Clinical quality measures across the categories of immunizations, preventive care, chronic or acute care, and behavioral health.

- Resource stewardship measures related to care coordination and measures affecting health care costs.

- Appointment availability to meet patient needs and preferences for access.

- Patient experience feedback.
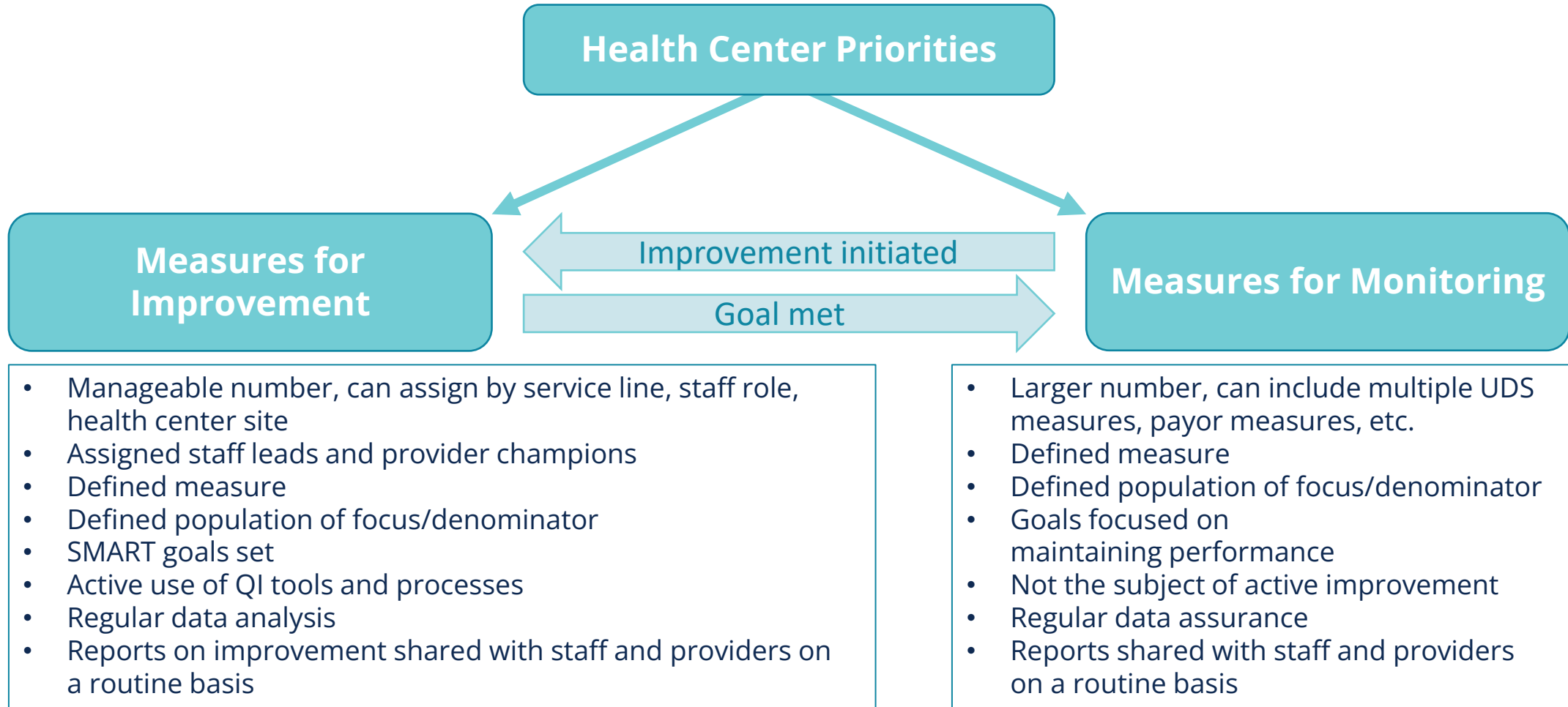
Tools & Resources:
- Community needs assessment findings
- UDS data
- Payor data
- Healthy People 2030

Health Center Priorities

Measures for Improvement

Improvement initiated

Goal met

Measures for Monitoring

- Manageable number, can assign by service line, staff role, health center site
- Assigned staff leads and provider champions
- Defined measure
- Defined population of focus/denominator
- SMART goals set
- Active use of QI tools and processes
- Regular data analysis
- Reports on improvement shared with staff and providers on a routine basis

- Larger number, can include multiple UDS measures, payor measures, etc.
- Defined measure
- Defined population of focus/denominator
- Goals focused on maintaining performance
- Not the subject of active improvement
- Regular data assurance
- Reports shared with staff and providers on a routine basis

To begin a quality improvement initiative, follow these *Quality Improvement Action Steps* to improve performance and outcomes:

1. Choose a measure of focus

2. Define and understand the measure of focus

3. Perform a Root Cause Analysis

4. Execute Rapid Cycle Improvement initiatives for root causes

5. Engage Patients

Tools & Resources:
- NACHC Clinical Quality Measure Action Guide (available soon)
- NACHC CQM Care Gaps Root Cause Identifier Worksheet (available soon)

Establish processes to foster open communication, share and spread of ideas, and to allow for innovation.

Strategies for communication and sharing include:

- ✓ Care team huddles (see <u>Daily Huddle Toolkit</u>)
- ✓ Staff meetings
- ✓ Dedicated QI meetings

Measure, **monitor**, and **adjust** processes in order to maintain performance over time.

Optimize your Electronic Health Record or Population Health Management System to create data dashboards and visual displays.

As part of quality control, assess whether your data is complete and accurate. Key data assurance considerations include:

- Is the number of patients/encounters included in the report expected?

- Is the date range of the report expected?

- Are the reported values expected?

- Are there any missing values?

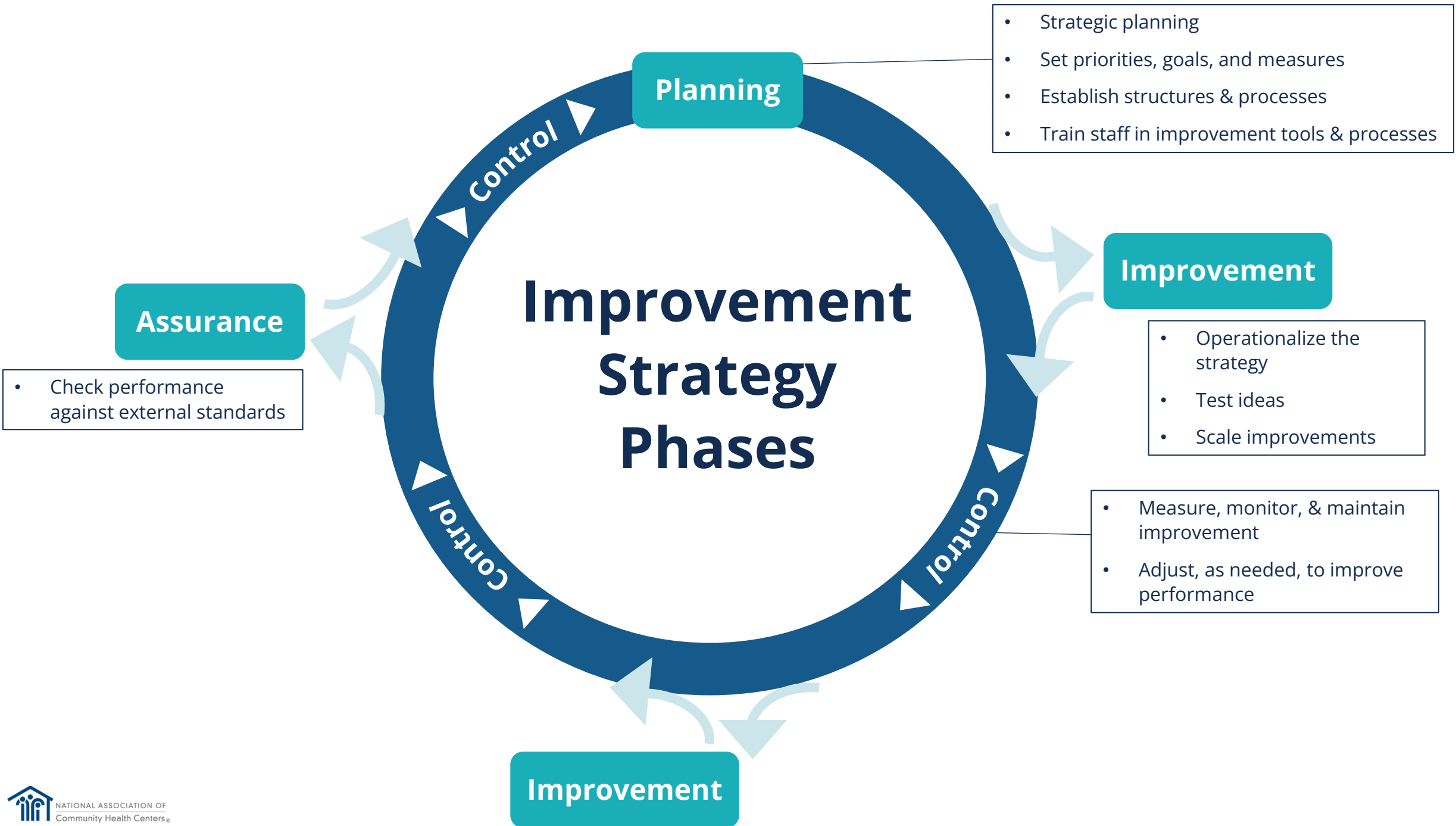**Tools & Resources:** Generating Quality Data to Improve Care

- Quality Assurance is the process of assessing performance against external standards.

- Important to value-based care as payors typically align payments against established standards or expectations.

- Compare your performance to external benchmarks (e.g., community needs assessment findings, Uniform Data Systems (UDS) data, payor data, Healthy People 2030) to evaluate quality of care against industry standards and the performance of peers.

Improvement Strategy Phases

Planning
- Strategic planning
- Set priorities, goals, and measures
- Establish structures & processes
- Train staff in improvement tools & processes

Improvement
- Operationalize the strategy
- Test ideas
- Scale improvements

Control
- Measure, monitor, & maintain improvement
- Adjust, as needed, to improve performance

Assurance
- Check performance against external standards

Control

Control

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Key Resources Available

NACHC Improvement Strategy Action Guide
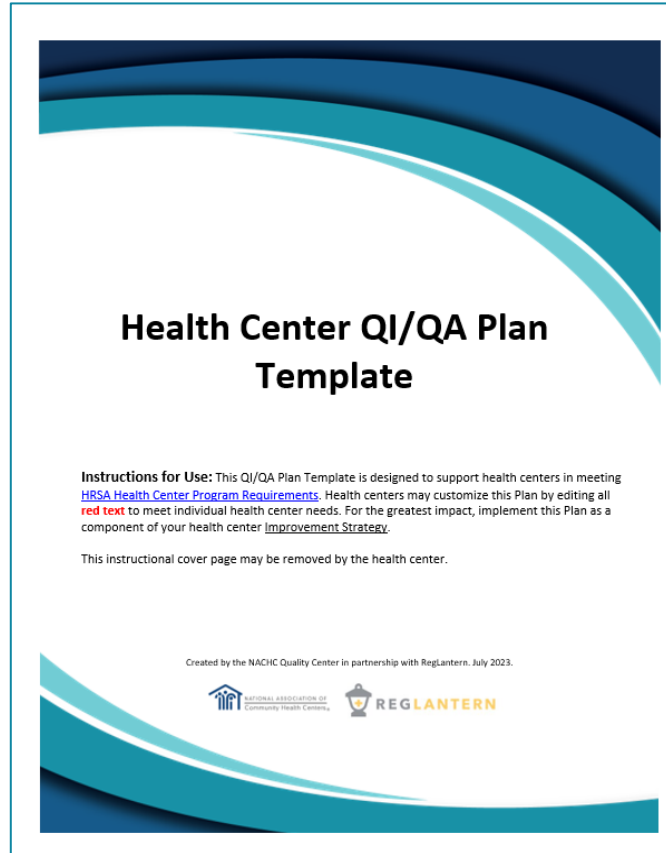
Template QI/QA Plan

Available Soon!

✓ Clinical Quality Measure Action Guide

✓ CQM Care Gaps Root Cause Identifier Worksheet

Featured Health Center

CHARLES B. WANG
COMMUNITY HEALTH CENTER
王 嘉 廉 社 區 醫 療 中 心

Dr. Ady Oster, MD, MBA
Chief of Population Health

Ady Oster is Chief of Population Health at Charles B. Wang Community Health Center and is an Internal Medicine-trained primary care physician. He has been at the health center for over 15 years and was part of the team which implemented the Team-Based Care Model, developed disease registries, and the center's original Patient Centered Medical Home certification. He completed a research fellowship centered on health services research.

Sumana Rao, RN, MBA
Clinical Director

Sumana Rao is a Registered Nurse and a Clinical Director for the Charles B. Wang Community Health Center. She heads up the Medical Affairs department and works closely with the Chief Medical Officer on areas of Quality and Clinical Risk Management for the center. Prior to earning her BSN and working in healthcare, Ms. Rao earned her MBA in finance and spent over a decade in financial services.

Featured Health Center

Located in New York, New York, the Chinatown Health Clinic opened its doors in 1971, run entirely by volunteer doctors, nurses, social workers, community health workers, and students.

The clinic was renamed Charles B. Wang Community Health Center in 1999. It has continuously expanded and grown to provide bilingual and bicultural health care services to underserved communities.

Total Patients Served: 58,835

Featured Health Center

CHARLES B. WANG
COMMUNITY HEALTH CENTER
王 嘉 廉 社 區 醫 療 中 心

Maintaining a QI Culture Amidst Competing Challenges and Priorities

Leadership commitment to quality

- High on list of strategic goals

- Investment in resources & staff:

  o Clinical leaders responsible for driving QI

  o All care team staff have accountability

  o Clinical informatics staff build and generate reports

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Communication Structure: Engage everyone in our QI work

Daily work
- Care teams implement the PDSAs.
- Admin time for project leaders

Monthly/quarterly meetings
- Site teams review progress regularly and discuss with other sites

Quarterly progress reports:
- Includes peer review, QI project reports, UDS and other indicators.
- Clinical director in advisory role

Results summarized and presented **to our Board and MDAC***

*Medical and Dental Advisory Committee:
A standing subcommittee of the governing board.

Featured Health Center

Staffing to Support the QI Culture

Quality goals and actions embedded in daily work

- CMO and chiefs of service set goals and plans.

- Clinicians' evaluations and compensation integrate quality goals

- Front desk and MAs involved in quality targets and related tracking

- Administrative time for senior clinical leaders (e.g., chief of service) up to 60%-70%

- QI/QA staff provide guidance and support

***Identify care team staff members (any level) who are passionate about a disease or initiative

- o Provide a professional development opportunity and time to lead a QI project

Building Momentum

Early adopter of team-based care

- Clinical champions supported by CMO focused on DM care
- CMO and Board accepted need for protected time for staff

DM-specific expertise adopted by other programs/departments

- Clinical champions developed expertise in chronic disease management and team-based care
- Protocols disseminated/adapted to other departments – asthma, HBV, HTN, special needs

Federal/National quality metrics provide further structure and financial motivation

- UDS metrics and PCMH provided further impetus for center-wide adoption of team-based care

Success feeds success

- Board takes pride in accomplishments, used in fundraising
- Quality now integral part of strategic plan
- Improves staff retention and facilitates hiring

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Clinical Protocols Developed

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Title:	Section: Clinical Practice Guidelines – 6
Diabetes Mellitus Type -2 (DM -2)	Department: Internal Medicine
	Shared with: N/A
	Effective Date:
	Supersedes:

Author(s):	Reviewer(s):	Last Updated: 1/25/23
Tsun You Shen, MD Ady Oster , MD	Abby Toa, RN, CDE Catherine Lee, MD Kangxia Gu, MD	Date Discontinued: N/A

Keywords: Diabetes, Prevention, Diagnosis, glucose, order

PURPOSE: Reduce morbidity and mortality from Diabetes by establishing the standards of care for the diagnosis and treatment of the disease.

SCOPE: All patients 18 years of age and older

POLICY: The Charles B. Wang Community Health Center will follow the guidelines of the American Diabetes Association for the diagnosis and treatment of diabetes.

PROCEDURE:

A. Criteria for Screening and Diagnosis of Prediabetes and Diabetes

	Prediabetes	Diabetes
A1C	5.7–6.4% (39–47 mmol/mol) *	≥6.5% (48 mmol/mol) †
Fasting plasma glucose	100–125 mg/dL (5.6–6.9 mmol/L) *	≥126 mg/dL (7.0 mmol/L) †
Oral glucose tolerance test	140–199 mg/dL (7.8–11.0 mmol/L) *	≥200 mg/dL (11.1 mmol/L) †
Random plasma glucose		≥200 mg/dL (11.1 mmol/L) ‡

*For all three tests, risk is continuous, extending below the lower limit of the range and becoming disproportionately greater at the higher end of the range. †In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate samples. ‡Only diagnostic in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis.

B. Criteria for Screening for Diabetes or Prediabetes in Asymptomatic Adults

1. Testing should be considered in adults with overweight or obesity (BMI ≥25 kg/m² or≥ 23 kg/m² in Asian American Individuals) who have one or more of the following risk factors:
   • First-degree relative with diabetes
   • High-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander)
   • History of CVD
   • Hypertension (≥140/90 mmHg or on therapy for hypertension)
   • HDL cholesterol level <35 mg/dL (0.90 mmol/L) and/or a triglyceride level >250 mg/dL (2.82 mmol/L)
   • Individuals with polycystic ovary syndrome
   • Physical inactivity
   • Other clinical conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans)
2. People with prediabetes (A1C ≥5.7% [39 mmol/mol], impaired glucose tolerance, or impaired fasting glucose) should be tested yearly.
3. People who were diagnosed with GDM should have lifelong testing at least every 3 years.
4. For all other people, testing should begin at age 35 years.

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COMMUNITY HEALTH CENTER

Title: Hypertension Protocol	Section: Clinical Practice Guidelines – 7
	Department: Internal Medicine
	Shared with: N/A
	Effective Date: 09/2023
	Supersedes: Hypertension Protocol (9/2021)

Author(s):	Reviewer(s):	Last Updated: 08/20/2023
Catherine Lee, MD	Kangxia Gu, MD Ady S. Oster, MD	Date Discontinued: N/A

Keywords: Hypertension, Blood Pressure, JNC-8, ACC/AHA Hypertension Guidelines

PURPOSE: To prevent complications due to hypertension by ensuring appropriate evaluation and treatment of elevated blood pressure.

SCOPE: Internal Medicine Patients

POLICY: Adults will be screened for hypertension at regular intervals.
Treatment of hypertension will be guided by the 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the Eight Joint National Committee (JNC-8) and the 2017 American College of Cardiology and American Heart Association (ACC/AHA) Hypertension Guidelines.

PROCEDURE:

I. Measuring Blood Pressure

Blood pressure will be measured at initial and each patient visit, at least annually for patients age 40 and older and those at increased risk for high blood pressure. For patients age 18-39 who have normal blood pressure and no other risk factors, may be screened every 3 to 5 years. Patients will be seated quietly and have rested for at least a few minutes, may be repeated if indicated. An appropriate-sized cuff (cuff bladder encircling at least 80% of the arm) will be used to ensure accuracy.

Average of at least 2 readings taken on at least 2 occasions should be obtained for diagnosis and management of hypertension.
Out-of-office and self-monitoring of BP measurements are recommended to confirm diagnosis of hypertension and for titration of BP-lowering medications.

Clinicians should provide patients their specific BP numbers and BP goals.

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Featured Health Center

Diabetes-specific expertise adopted to develop team-based care for Hypertension management

✓ Clinician champions developed consensus quality guidelines

✓ Created multidisciplinary team composed of PSR's, MA's, RN's, MD/NP's, Care Coordinators. Assigned staff to be care coordinator

✓ Created disease registry – initially by ICD10, then added vital sign reports to identify pt's with uncontrolled BP and not yet assigned HTN dx

✓ Ancillary staff HTN education

✓ HTN education made part of patient check in

PDSAs:

o Revised educational material and patient home BP logs

o Monthly HTN control reports reviewed by disease care coordinator

o HTN control made part of IM team meetings to give all staff sense of progress

o Noticed large population of pt's with "white coat HTN"

  ▪ Adopted unattended, automated BP measurement protocol

  ▪ Refined patient self-measured home BP measurement protocol to comply with ACC standards

  ▪ Added ambulatory BP measurement devices - trained staff in use

Featured Health Center

Key Takeaways: Maintaining a QI Culture Amidst Competing Challenges and Priorities

Invest in the program:
Communicate the importance of QI/QA, designate resources, provide training and protected time, ensure participation at all levels.

Have a process and follow it:
Establish reporting and set deliverable goals – provide support to get it done!

Make space to share the lessons learned:
Every clinical service presents at the committee meeting at least once a year to share PDSAs, findings, and most importantly– lessons learned!

Featured Speaker

Kyle Vath, BSN, MHA, RN

CEO & Co-Founder, RegLantern

kyle@reglantern.com

www.reglantern.com

Kyle Vath is a Registered Nurse and CEO of RegLantern, a company that focuses on providing tools and resources to health centers in the area of HRSA Compliance and Quality Improvement. Kyle has worked in healthcare for over 20 years and in and with health centers for the last 12 years. He has also worked as an independent consultant as a clinical reviewer in HRSA Operational Site Visits for the last 7 years.

REGLANTERN

LIGHTING THE WAY TO HEALTH CENTER EXCELLENCE

QI/QA PLAN ESSENTIALS

DISCLAIMER

+ This presentation is **NOT ENDORSED BY** Management Strategists Consulting Group (MSCG), Acentra, Health Resources Services Administration (HRSA) Bureau of Primary Health Care (BPHC), the National Association of Community Health Centers (NACHC) or any other Primary Care Association (PCA).

+ The speaker is **NOT EMPLOYED BY** NACHC, MSCG, Acentra, HRSA, BPHC, or any other PCA and works as an independent consultant who is contracted to do Operational Site Visits (OSVs), Technical Assistance (TA), FTCA Application Reviews, and web application development.

+ The presenter as well as the reviewers quoted in this presentation are also independent consultants, not employed through NACHC, MSCG, HRSA, BPHC, or any other PCA, and **DO NOT SPEAK ON BEHALF OF** any of those organizations.

+ Any advice given today **DOES NOT SERVE AS LEGAL ADVICE**. Please consult an attorney regarding contracts, MOUs, or other legal decisions.

+ Each health center should reference **HRSA's CURRENT REFERENCES** to determine your health center's compliance.

+ Contact the **BPHC CONTACT FORM** at https://hrsa.my.site.com/support/s/.

QI/QA PLAN ESSENTIALS

KYLE VÄTH | BSN, MHA, RN

CEO | REGLANTERN

QI/QA Plan

QI/QA PLAN ESSENTIALS

✚ HRSA has several requirements of QI/QA Programs that are commonly included in the health center's QI/QA Plan

   ✚ Purpose

   ✚ The Health Center Improvement Strategy

   ✚ Scope

   ✚ Organizational Arrangement, Authority, and Responsibility

   ✚ Quality Committee

   ✚ List of Related QI/QA Program Policies, Procedures

   ✚ List of Related QI/QA Program Plans

QI/QA PLAN ESSENTIALS

✚ Purpose

  ✚ Lists the broad purpose of the QI/QA Program

  ✚ Defines key terms (QI, QA, QC, etc.)

✚ The Health Center Improvement Strategy

  ✚ Lists the key areas the QI/QA Program addresses

✚ Scope

  ✚ What areas fall under the QI/QA Program (all sites and services)

QI/QA PLAN ESSENTIALS

✚ Organizational Arrangements, Authority, and Responsibility

✚ Board of Directors

✚ Administration

QI/QA PLAN ESSENTIALS

✚ Quality Committee

   ✚ Mission

   ✚ Goals

   ✚ Structure

   ✚ Meetings and Minutes

   ✚ Authority

   ✚ Function and Process

   ✚ Communication

QI/QA PLAN ESSENTIALS

✚ Quality Committee (Cont.)

   ✚ Quality Workplan

   ✚ Clinical Outcomes Plan

   ✚ System Surveillance

   ✚ QI Model and Methodology

   ✚ Safety, Risk, and Claims Management

   ✚ Emergency Preparedness

QI/QA PLAN ESSENTIALS

✚ Quality Committee (Cont.)

    ✚ Operational Procedures and Processes

    ✚ Clinical and Medical Records Policies

    ✚ Staff Supervision

    ✚ Systematic Assessment of Care

    ✚ Patient Rights and Satisfaction
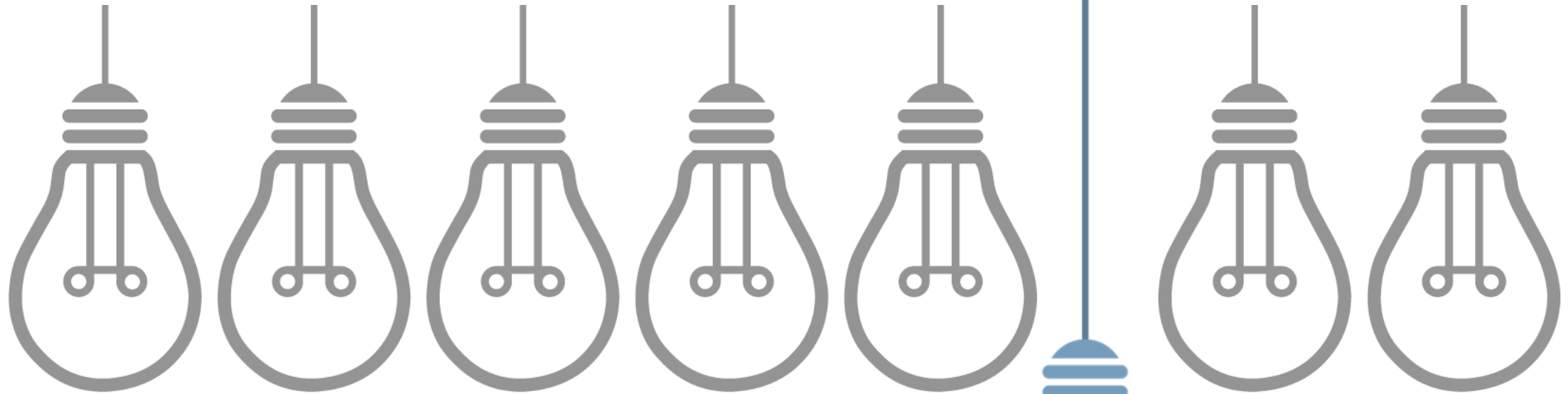
    ✚ Infection Control

QI/QA PLAN ESSENTIALS

✚ Quality Committee (Cont.)

   ✚ Sentinel Events

   ✚ Tracking Abnormal Results and Referrals

   ✚ Access to Care

   ✚ Clinical Training

   ✚ Clinical Guidelines

   ✚ Audits and Surveys

   ✚ Confidentiality
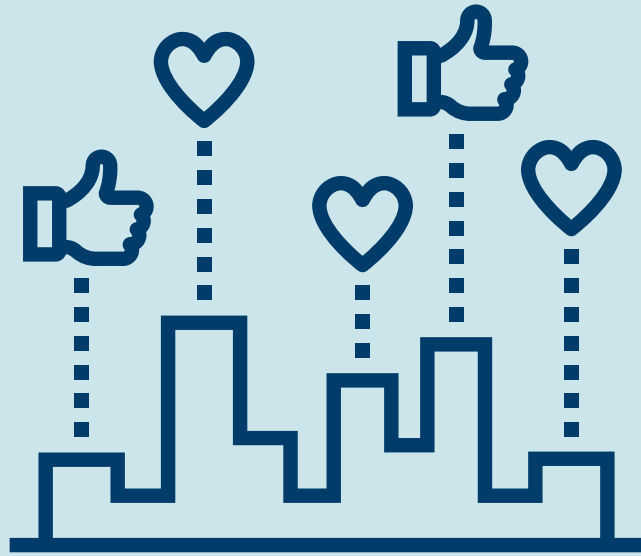
QI/QA PLAN ESSENTIALS

✚ The most important thing about a QI/QA
Plan?

   ✚ *It's usable.*
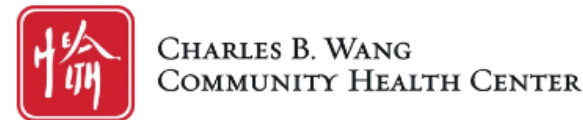
Discussion

&

Questions

Provide Us Feedback

Elevate Featured Health Centers: Health Center Quality Leaders!

QI Advisory Board – Accepting Applications!

Applications are now being accepted for members to serve on NACHC's QI Advisory Board for the term of

Jan 1, 2025 - Dec 31, 2026

Deadline: **November 15, 2024**

Apply here!

Elevate Pulse

Be on the lookout for the **Elevate Pulse** from the **NACHC Quality Center:**

- ✓ Slides & recordings
- ✓ Tools & resources
- ✓ Upcoming opportunities

Newsletter Changes Coming Soon!

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elevate Pulse

**October Forum:
Health Information Technology &
Policy**

At this week's event, we heard from a panel of experts on how telehealth and remote patient monitoring can be used to modernize the health center patient care model. **Access the slides and recording here**.

NACHC's Learning Hub

Access the NACHC <u>Learning Hub</u> for:

✓ **Webinar slides and recordings**

✓ **eLearning modules**

✓ **Tools & Resources**

FOR MORE INFORMATION CONTACT
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Next Monthly Learning Forum:

Year in Review & Elevate Awards!

elevate®

December 10, 2024
1:00 – 2:00 pm ET

NATIONAL ASSOCIATION OF
Community Health Centers®

The Quality Center Team

Cheryl Modica, Cassie Lindholm, Holly Nicholson, Tristan Wind

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